

**State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of April 10, 2012
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**State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
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Minutes of April 10, 2012**

BOARD MEMBERS PRESENT

Gary R. Hatfield, M.D., M.D., Chairman
Maroulla Gleaton, M.D., Board Secretary
David R. Andrews, M.D.
Louisa Barnhart, M.D.
Cheryl Clukey
David H. Dumont, M.D.
Dana Dyer
David D. Jones, M.D.
David Nyberg, Ph.D.

BOARD STAFF PRESENT

Randal C. Manning, Executive Director
Mark C. Cooper, M.D., Medical Director
Jean M. Greenwood, Board Coordinator
Dan Sprague, Assistant Executive Director
Tim Terranova, Consumer Assistant
Maria MacDonald, Board Investigator

ATTORNEY GENERAL'S OFFICE

Dennis Smith, Assistant Attorney General
Detective James Gioia

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S. § 1711-C). The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

PUBLIC SESSIONS

9:22 a.m. – 9:41 a.m.
10:57 a.m. – 11:07 a.m.
11:07 a.m. – 11:19 a.m.
11:19 a.m. -11:20 a.m.
12:10 p.m. – 12:12 p.m.
12:12 p.m. – 12:44 p.m.
12:44 p.m. – 12:59 p.m.
12:59 p.m. – 1:12 p.m.
1:14 p.m. – 2:53 p.m.
2:53 p.m. – 3:02 p.m.
3:02 p.m. – 5:03 p.m.
5:15 p.m. – 5:54 pm.
6:32 p .m. – 6:36 p.m.

PURPOSE

Call to Order – Public Business
Public Session
Recess
Public Session
Public Session
Recess
Public Session
off the record
Adjudicatory Hearing
Recess
Adjudicatory Hearing
Public Session
Public Session

EXECUTIVE SESSION

9:41 a.m. – 10:57 a.m. Complaints
11:20 a.m. – 12:10 p.m. Informal Conference
5:03 p.m. – 5:15 p.m. Complaints
5:54 pm. – 6:32 p .m. Complaints

I. Call to Order - Dr. Hatfield called the meeting to order at 9:22 a.m.

A. Amendments to Agenda (None)

B. Scheduled Agenda Items

1. 9:05 a.m. Remarks of Chairman Policy: Confidential MPHP participation and Letters of Guidance
2. 11:00 a.m. Informal Conference CR 11-318
3. 1:00 p.m. Adjudicatory Hearing – CR 10-476 Cesar O. Garcia, M.D.

II. Complaints

1. Review Draft Letters of Guidance

a. CR11-374 Deborah A. Learson, M.D.

Dr. Jones moved to approve the letter of guidance to Dr. Learson. Ms. Clukey seconded the motion, which passed unanimously.

b. CR11-480 Cameron R. Bonney, M.D.

Dr. Barnhart moved to approve the letter of guidance to Dr. Bonney as edited. Dr. Gleaton seconded the motion, which passed 8-0-0-1 with Dr. Nyberg recused.

c. CR10-486 Donald D. Smith, M.D.

Dr. Jones moved to approve the letter of guidance to Dr. Smith as edited. Dr. Nyberg seconded the motion, which passed unanimously.

2. CR 10-431

Dr. Hatfield moved to dismiss CR 10-431. Dr. Dumont seconded the motion, which passed unanimously.

The complainant feels she was inappropriately told by her physician that she could crush a medication that in fact should not be crushed, and that she suffered multiple side-effects because of this. She feels the physician did not listen to her complaints of the multiple symptoms. A review of the record shows that the physician did listen to these complaints, but felt the symptoms may have been due to a different medication or other problems.

An outside reviewer of this case felt that the patient's care was generally well-managed, and that the patient's constellation of symptoms was unlikely to be due entirely to the crushed medication. Ten other records were reviewed as well, and it was felt that the clinical care and documentation in these cases was excellent.

3. CR 10-480 Judy L. Welch, M.D.

Dr. Hatfield moved to dismiss CR 10-480 Judy L. Welch, M.D. with a letter of guidance. Dr. Jones seconded the motion, which passed unanimously.

The complainant feels the physician failed to appreciate the severity of her illness, and failed to examine her at a critical juncture when a laboratory test showed a severe abnormality. A review of the records supports this, with the complainant being sent out of the office at one point for a confirmatory laboratory test rather than being immediately examined. The physician was open to finding ways to keep such problems from occurring again at her office. The establishment of protocols to help in emergent settings, including dealing appropriately with severely abnormal laboratory results, and a risk management survey performed by Medical Mutual of Maine were done.

A letter of guidance will point out the need to quickly and carefully follow up on critically abnormal laboratory results, including the recognition that the patient needs to be evaluated immediately in this setting.

4. CR 11-030 Krishna M. Bhatta, M.D.

Dr. Hatfield moved to dismiss CR 11-030 Krishna M. Bhatta, M.D. with a letter of guidance. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Gleaton recused.

The complainant feels that the physician did not follow up appropriately after a procedure he ordered at an outside institution. She feels he was insensitive to her pain, was rude to her by taking a personal phone call in her exam room during the appointment, and was inappropriate with how he spoke to her as well as by leaving the room without saying good-by.

The physician states that he did not order the procedure at the institution, as he does not have privileges there, and was totally unaware that this procedure was being performed. There was confusion about this at the time of their subsequent appointment, and he found the complainant to be extremely emotional and upset. He felt he was trying to help calm her down with his actions, and apologizes that she feels that he was being rude. He does not feel he would have left without a farewell.

The physician admits to taking a call while in the exam room, but decided to take it there because he was concerned about the complainant's emotional state. He states he was on-call for the hospital, and needed to take the call.

Investigation shows that the physician did not order the above procedure, but that rather the complainant's primary care provider ordered it, then telling the technician at the hospital to contact the physician's office for procedural instructions. When the office was contacted, they gave out information that they believed to be general information rather than specific orders.

A letter of guidance will outline the need for 1) the physician's office to make it very clear that any information that they share is for informational purposes only, and is not meant to be used as physician orders under any circumstances, and 2) the need for the physician to take phone calls outside of the patient's room.

5. CR 11-505

Mr. Dyer moved to dismiss CR 11-505. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Andrews recused.

The patient underwent chemo therapy, radiation therapy, and finally surgery to treat an adenocarcinoma. The post-surgery pathology report was negative for residual adenocarcinoma. Approximately three years later this cancer returned. The patient then requested another evaluation be made from the original pathology slides to determine if the slides had been misread the first time. The second evaluation purports to reveal a poorly differentiated (0.15 cm in greatest dimension) adenocarcinoma is focally present. The original pathologist disagrees with this second evaluation. It is agreed that all resection margins as well as other indices are negative.

It must be recognized the second evaluation took place after the second surgery discovered the recurring adenocarcinoma. At this point the pathologist knew exactly what to look for. There is no evidence to indicate the original pathologist provided a substandard level of care.

6. CR 09-441 Ryan Herrington, M.D.

Dr. Dumont moved to dismiss CR 09-441 Ryan Herrington, M.D. with a letter of guidance. Dr. Jones seconded the motion, which passed unanimously.

In this case the patient is held in an institution and complains that he was not allowed adequate opportunity for self-catheterization despite his known urinary retention. The physician he complains about was not the provider who changed his catheterization schedule but was the Medical Director for the institution and was the provider's supervisor. The patient had specific recommendations from an urologist which were not followed and the patient complained of severe discomfort and large urine residuals and he submitted multiple requests to the institution to seek care. For unknown reasons these requests were not heeded and the patient suffered because of this. The physician acknowledges this as a problem but claims this occurred for reasons that were beyond his control. This is a complex patient who is getting care in a complex system that is not always able to meet his medical needs. The Medical Director unfortunately cannot always be aware of, or solve, all of these issues; however, he is the supervisor for this new practitioner and has responsibility for the care she delivers.

The guidance is if he is going to work as the supervisor he needs to be aware of the rules regarding new nurse practitioners. In this case, the NP was in her first two years of practice which requires supervision as she is not yet considered to be an independent practitioner. The physician should adjust his supervisory role in accordance with the above.

7. CR 11-512

Dr. Dumont moved to dismiss CR 11-512. Dr. Jones seconded the motion, which passed unanimously.

This case involves a medically complex patient who complains that his treating physician inappropriately stopped his pain medications and would not restart them. He alleges this occurred because the physician's boss directed the medications be stopped. Review of the physician's response and the medical records shows that the patient was receiving little benefit from his narcotic pain medications and that the patient had a long history of medication and therapy non-compliance. An alternative treatment plan was started and the patient was tapered off his narcotics with careful monitoring. The patient was unhappy with the plan and again did not comply with treatment recommendations. Withdrawal of long-term narcotics for chronic pain is appropriate as long as other treatment modalities are offered and the narcotics are carefully tapered in a monitored fashion, as they were in this case.

8. CR 12-5

Dr. Andrews moved to investigate further CR 12-5. Dr. Jones seconded the motion, which passed unanimously.

9. CR 11-497

Dr. Gleaton moved to dismiss CR 11-497. Dr. Dumont seconded the motion, which passed 8-0-0-1 with Dr. Jones recused.

A patient complained about the professional behavior and medical competency of an ophthalmologist. She felt his diabetic counseling was aggressive and intimidating. She also complained about his medical recommendations and treatment of her diabetic retinopathy. Lastly, she felt misled concerning the billing of her medical care. Review of the records reveals reasonable medical examination and treatment rendered, and this view was supported by a second ophthalmologist who examined the patient when she sought a second opinion. The records do not reflect tone, specific language, or physician empathy in discussing diabetic control with this patient; but the physician should reflect upon and consider his manner in conveying his message to effect positive change in patients' behavior.

10. CR 11-209

Dr. Hatfield moved to dismiss CR 11-209. Dr. Gleaton seconded the motion, which passed unanimously.

The physician was felt to have inappropriately cared for an acute trauma patient, based on a DHHS investigation report. The physician describes the circumstances under which he saw the patient, and why he felt immediate transfer to a level 1 trauma center was needed. He describes the resistance he received from the accepting surgeon at the trauma center in this particular case. A review of the records shows that the immediate transfer of this patient was likely appropriate.

There appear to be substantial differences in terms of the patient's clinical course at the accepting trauma center, when comparing the accepting Emergency Department physician's recollection with the actual records generated at that institution. This discrepancy makes outside clinical evaluation of this case more difficult.

11. CR 11-398

Dr. Hatfield moved to hold an Informal Conference in the matter of CR 11-398. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Dumont recused.

12. CR 11-455

Dr. Jones moved to dismiss CR 11-455. Dr. Nyberg seconded the motion, which passed 8-0-0-1 with Dr. Dumont recused.

The patient complained that her opiates were suddenly stopped because she was unable to come in for a urine drug screen due to car troubles. The physician's response and the medical record suggest that the patient's opiate prescriptions were actually stopped due to the presence of only trace amounts of the opiates in the patient's urine. The stopping of this patient's opiates had already occurred, due to the patient's own actions, without ill effects, and the patient had broken her controlled substances contract.

Dr. Jones moved to issue a Board complaint (CR 12-52) in a related matter. Dr. Nyberg seconded the motion, which passed 8-0-0-1 with Dr. Dumont recused.

13. CR 11-482 Thomas A. Tarter, M.D.

Dr. Nyberg moved to order an Adjudicatory Hearing in the matter of CR 11-482 Thomas A. Tarter, M.D. Dr. Jones seconded the motion, which passed unanimously.

14. CR 11-503

Dr. Gleaton moved to dismiss CR 11-503. Dr. Jones seconded the motion, which passed unanimously.

A patient complained about the medical competency of a locum tenens primary care physician who treated her for a wrist injury. She was seen in the practice two days after sustaining a wrist injury at her home, and after having been evaluated at the local Emergency Room. Because of the time lag of the correct radiologic diagnosis reaching her nurse practitioner and primary care provider, she was treated for a wrist sprain and physical/occupational therapy was appropriately instituted. She was seen in follow-up two weeks later by the locum tenens physician who discussed the correct diagnosis of a subtle non-displaced wrist fracture. There is a discrepancy in what the patient and the physician each remembers about recommended treatment. The doctor ordered an orthopedic consult that day with the only available orthopedist in the community who does surgery. The patient was seen one week later by the specialist; however, by then the minor wrist fracture had worsened considerably due to continued usage of the hand and periods of not

wearing the brace. Surgery was strongly recommended but declined by the patient. After casting, the wrist healed; but the patient has been left with a slow, painful recovery and some deformity. Although there was evidence of a lack of full documentation and some time lag with regard to medical reporting, there was also evidence of reasonable medical care by the physician named in this complaint.

15. CR 11-504

Dr. Gleaton moved to dismiss CR 11-504. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Hatfield recused.

A patient complained about the unprofessional treatment he received from his new internal medicine physician as well as the physician's staff. This patient has a thirty-year history of chronic pain, headaches, and anxiety for which he was evaluated thoroughly and with clinical acumen. The physician, understanding the difficulty of inheriting a patient on several controlled substances, systematically and appropriately altered the treatment regimens and initiated a pain contract for the patient. Review of the records, including previous physicians caring for the patient, reveals that the internist delivered careful, competent medical care. The change in approach to pain treatment was difficult for this patient because he had never been monitored in the past nor was he told that some of his pain medication was possibly making his medical symptoms worse and should be discontinued.

The physician emphatically states that his nonclinical office staff does not have access to clinical notes; his staff is versed in patient confidentiality and would never purposely humiliate any patient.

Independent review of this complaint and the medical records concluded that the physician provided standard of care to this patient and appropriately prescribed controlled substances.

16. CR 11-507

Dr. Jones moved to dismiss CR 11-507. Dr. Dumont seconded the motion, which passed 8-0-0-1 with Dr. Gleaton recused.

The Board issued a complaint against the license of this physician for incompetence and unprofessional conduct, based on a report that the physician's employment by a health care system was terminated due to clinical concerns. The Board did not find support for allegations of clinical incompetence or unprofessional conduct upon review of the complaint and the record.

17. CR 11-510 Samuel Maghuyop, M.D.

Mr. Dyer moved to order an Adjudicatory Hearing in the matter of CR 11-510 Samuel Maghuyop, M.D. Dr. Jones seconded the motion, which passed unanimously.

18. CR 11-511

Dr. Barnhart moved to investigate further CR 11-511. Dr. Gleaton seconded the motion, which passed unanimously.

19. CR 11-516

Dr. Dumont moved to dismiss CR 11-516. Dr. Jones seconded the motion, which passed unanimously.

This case involves a complaint by a patient against a physician for improper treatment of chronic abdominal pain. Review of the records shows that the patient received appropriate pain medications but repeatedly violated his Controlled Substances Agreement and had to be tapered off his narcotics. Other treatments were offered but refused. Medical care and treatment appear to have been appropriate.

20. CR 11-517

Dr. Dumont moved to dismiss CR 11-517. Ms. Clukey seconded the motion, which passed unanimously.

This case involves a complaint by a patient against a physician for improper treatment of chronic abdominal pain. Review of the records shows that the patient previously received narcotic pain medications but repeatedly violated his Controlled Substance Agreement and had to be tapered off these narcotics. Other treatments were offered but refused. The physician also offered other preventive and primary care services which were refused unless they included narcotic prescriptions. Medical care and treatment appear to have been appropriate.

21. CR 11-518

Dr. Dumont moved to dismiss CR 11-518. Dr. Andrews seconded the motion, which passed unanimously.

This complaint involves allegations by a patient that the supervisor of a medical clinic allowed his staff to inadequately treat the patient and this caused six years of suffering. Review of the records shows that the patient was treated appropriately but that he violated his Controlled Substance Agreement and had to be tapered off narcotics. When the patient subsequently requested more narcotics he was not willing to abide by the clinic rules and was not granted additional narcotic prescriptions. The clinic supervisor of less than 8 months duration contacted the patient after a complaint was filed and reiterated the clinic's willingness to see the patient but not to prescribe more narcotics. A referral was also offered for surgical evaluation. Care, supervision, and response by the supervisor appear to have been appropriate.

22. CR 12-10

Dr. Andrews moved to investigate further CR 12-10. Dr. Dumont seconded the motion, which passed unanimously.

23. CR 12-14

Dr. Andrews moved to investigate further CR 12-14. Dr. Jones seconded the motion, which passed unanimously.

24. CR 12-16

Dr. Barnhart moved to dismiss CR 12-16. Dr. Gleaton seconded the motion, which passed unanimously.

This patient makes a general complaint, but also notes her physician treated her successfully despite not believing her original presenting problem. The record shows the physician paid careful attention to the patient, provided excellent care and focused the patient on taking medications to develop a healthy life. The patient and the physician never fully agreed on the original problem, but the physician was very respectful of the patient's statements in her record and the physician helped her make substantial changes in her life for the better. The physician fully describes and appreciates the patient's profound distress. There are no unethical or professionally inappropriate aspects to this case.

25. CR 12-20

Dr. Nyberg moved to investigate further CR 12-20. Dr. Jones seconded the motion, which passed unanimously.

26. CR 12-26

Dr. Gleaton moved to dismiss CR 12-26. Dr. Andrews seconded the motion, which passed unanimously.

A patient complained about the medical competency of an ophthalmologist who treated her diabetic retinopathy. The records reveal a patient with longstanding, uncontrolled diabetes who had concomitant psychiatric morbidities and was noncompliant with follow-up appointments. A one-time focal laser treatment of the retina was performed for diabetic macular edema; however, when the patient was seen subsequently, the disease had progressed. The patient erroneously attributed her decline in vision to the laser treatment. There was no evidence in the record of incompetent medical care.

27. CR 10-581 Kevin G. Miller, M.D.

Dr. Dumont moved to order an Adjudicatory Hearing in the matter of CR 10-581 Kevin G. Miller, M.D. Dr. Jones seconded the motion, which passed unanimously.

28. Intentionally Left Blank

29. Complaint Status Report (FYI)

30. Consumer Assistant Feedback (FYI)

III. Assessment and Direction

31. AD 11-450 (CR 12-50)

Dr. Jones moved to issue a complaint in the matter of AD 11-450 (CR 12-50). Ms. Clukey seconded the motion, which passed unanimously.

32. AD 12-19 (CR 12-51)

Dr. Gleaton moved to issue a complaint in the matter of AD 12-19 (CR 12-51). Dr. Jones seconded the motion, which passed unanimously.

IV. Informal Conference CR 11-318

Dr. Nyberg moved to dismiss CR 11-318. Dr. Gleaton seconded the motion, which passed 6-2-0-1 with Dr. Dumont recused.

The care of a patient who was seen once by this physician was discussed at an informal conference. Decision making, specific antibiotic choice, and charting were reviewed. The setting of care was new for the physician, without his accustomed practice support. He recognizes the outcome for the patient was unfortunate, but also not predictable. The physician has removed himself from this practice setting and now works in a practice setting supportive of his skills and knowledge.

Noon Recess

V. Minutes of March 13, 2012

Dr. Jones moved to approve the minutes of March 13, 2012. Ms. Clukey seconded the motion, which passed unanimously.

VI. Board Orders & Consent Agreement Monitoring & Approval

A. Board Orders (None)

B. Consent Agreement Monitoring and Approval

1. Monitoring Compliance Report (FYI)

2. Linda Keniston, M.D.

Section 4a of Dr. Keniston's Consent Agreement requires that she shall consult with a Board approved licensed individual regarding her substance abuse issues. The Board approved Kathryn Kellison, LCSW at the July 2010 board meeting. Board staff recently received a report from Ms. Kellison stating she made the decision to change Dr.

Keniston's treatment status to an "as needed" basis. Section 4f of Dr. Keniston's Consent Agreement states that after one year of successful compliance with the terms of her agreement Dr. Keniston may file a written request to the Board to amend her substance abuse treatment. The Board reviewed the request at the February 2012 Board meeting. After review, the Board asked staff to communicate with Dr. Keniston that she would need to make a written request to the Board for such a change. In a letter dated February 26, 2012, Dr. Keniston requested to amend her substance abuse treatment to an "as needed" basis.

Dr. Dumont moved to approve Dr. Keniston's request. Dr. Jones seconded the motion, which passed unanimously.

3. Andrew Nicholson, M.D. (FYI)
4. Andrew Fletcher, M.D. (Workplace approval)

Dr. Fletcher entered a second Consent Agreement for Conditional Licensure with the Board on January 8, 2008, following a license suspension in June 2007 after his urine test with the PHP was positive for cocaine. Section 12f(ii) of Dr. Fletcher's most recent Consent Agreement states he shall submit for the Board's approval a physician who will monitor his medical practice. Board staff received an email from Dr. Fletcher stating that he will be leaving Redington Fairview Hospital as of May 31, 2012 and will be working at Houlton Regional Hospital. Dr. Fletcher is requesting the Board approve Brian Griffin, M.D. as his work monitor while at Houlton.

Dr. Nyberg moved to approve Brian Griffin, M.D. as Dr. Fletcher's work monitor while at Houlton. Dr. Gleaton seconded the motion, which passed 6-0-0-2 with Dr. Jones and Dr. Dumont recused.

5. Venkatram Nethala, M.D. (Positive urine test) (FYI)
6. George Butlers, M.D. (Monitor report)

Dr. Butlers' practice monitor reported he has not been able to meet face to face with Dr. Butlers to review patient charts but that there are other physicians at the practice location with whom Dr. Butlers can confer.

Dr. Dumont moved to amend Dr. Butlers' consent agreement to require Dr. Butlers' practice monitor to review his charts within 3 working days. Dr. Andrews seconded the motion, which passed 8-0-0-1 with Dr. Gleaton recused.

7. CR 08-256 John S. Tkach, M.D. Consent Agreement [See Appendix A Attached]

Dr. Dumont moved to approve a consent agreement in the matter of CR 08-256 John S. Tkach, M.D. Dr. Jones seconded the motion, which passed unanimously.

VII. Adjudicatory Hearing - CR 10-476 Cesar O. Garcia, M.D.

The Board voted to issue an interlocutory decision which adjudicated the violations found by the Board and also documented the Board's expectations for Dr. Garcia to meet in the future to improve his standing for license renewal. Whether he meets those expectations or not will be determined at a future Board meeting at which time the interlocutory judgment will become a final decision.

VII. Remarks of Chairman

A. Policy: Confidential MPHP participation and Letters of Guidance.

The Board discussed whether letters of guidance should be sent to licensees who participate voluntarily in the Maine Physician Health Program.

IX. Executive Director's Monthly Report

A. Complaint Status Report (FYI)

B. Policy Review PA Supervising Physician Registration Fee Reduction

Dr. Jones moved to reaffirm the policy Review PA Supervising Physician Registration Fee Reduction. Dr. Andrews seconded the motion, which passed unanimously.

C. Board Process Presentation

1. Permanent License Application Process (Not presented due to time constraints)

2. Initial Complaint Process (Not presented due to time constraints)

X. Medical Director's Report (None)

XI. Remarks of Assistant Attorney General (None)

XII. Secretary's Report

A. List A

1. M.D. List A Licenses for Ratification

Dr. Andrews moved to ratify the physicians on MD List A for licensure. Ms. Clukey seconded the motion, which passed unanimously.

The following license applications have been approved by staff and Board Secretary Maroulla Gleaton, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Blye, Ellen	Internal Medicine	Not Listed
Bryant, III, Leslie Ray	Diagnostic Radiology	Bangor
Chervenak, Renee S.	Internal Medicine	Portland
Cushman Cynthia C.	Psychiatry	Bangor
Degnan, Peter J.	Family Medicine	Not Listed
Deitz, Joseph R.	Psychiatry	Augusta
Dixit, Varun	Anesthesiology	Bangor
Eixenberger, Christopher T.	Emergency Medicine	Portland
Grosu, Ion D.	Internal Medicine	Bangor
Harrington, Heidi	Plastic Surgery	Bangor
Johnston, Robert B.	Emergency Medicine	Machias
Karnes, Jonathan	Dermatology	Augusta
Kholodnaya, Nadezhda	Internal Medicine	Skowhegan
Lawrence Elizabeth B.	Emergency Medicine	Portland
Lourens, Raina M.	Anesthesiology	Waterville
McCracken, Howard F.	Family Practice	Not Listed
Mehta, Jagivan R.	Neurology	Augusta
Misra, Sanjay	Neurosurgery	Lewiston
Mohseni, Michael M.	Emergency Medicine	Norway
Nicholas, Carolyn B.	Pathology	Not Listed
Nikachina, Anna	Physical Medicine & Rehabilitation	Presque Isle
Peacock, Lawrence J.	Psychiatry	Waterville
Riccardi, Patrizia	Psychiatry	Bangor
Ricci, Michael	Surgery	Lewiston
Roehlk, Michael J.	Emergency Medicine	Rockport
Sears, Jr., Edmund H.	Pulmonary Medicine	Portland
Singh, Mandeep	Internal Medicine	Not Listed
Stein, Gerald S.	Psychiatry	Bangor
Swanson, Holly	Pediatrics	Brunswick
Swartzendruber, Frederick	Surgery	Not Listed
Taylor, Robert M.	Dermatopathology	Not Listed
Temple, Clarence	Orthopedic Surgery	Waterville
Wilson, Jason D.	Neurosurgery	Not Listed
Wingard, Brandei	Internal Medicine	Portland
Zeller, Kathleen R.	Internal Medicine	Lewiston

2. P.A. List A Licenses for Ratification

Dr. Jones moved to ratify the physician assistants on PA List A for licensure. Dr. Barnhart seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by Board Secretary, Maroulla Gleaton, M.D. without reservations:

NAME	LICENSE	PSP	LOCATION
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Cole, Brian	Active	Brad Cushing, M.D.	Portland
Holmes, Eric	Inactive	None	None
Sawyer, Patrick	Inactive	None	None
Williamson, Amy	Inactive	None	None
Williamson, Christopher	Active	Richard Long, M.D.	Bangor

B. List B Applications for Individual Consideration

1. Mejah S. Soong, M.D.

The Licensure Committee moved to deny the license application of Mejah S. Soong, M.D. with leave to withdraw the application. The motion passed unanimously with Dr. Barnhart out of the room.

2. James M. Balliro, M.D.

The Licensure Committee moved to approve the license application of James M. Balliro, M.D. The motion passed 7-0-0-1 with Dr. Barnhart out of the room and Dr. Dumont recused.

3. Hamid Nikkhoy-Toussi, M.D.

The Licensure Committee moved to approve the license application of Hamid Nikkhoy-Toussi, M.D. The motion passed unanimously with Dr. Barnhart out of the room.

4. Joseph Mastromarino, M.D.

The Licensure Committee moved to approve the license application of Joseph Mastromarino, M.D. The motion passed unanimously with Dr. Barnhart out of the room.

5. Rosa Riera, M.D.

The Licensure Committee moved to approve the license application of Rosa Riera, M.D. The motion passed unanimously with Dr. Barnhart out of the room.

C. List C Applications for Reinstatement

1. List C Applications for Reinstatement (None)

2. List C Applications for Reinstatement for Individual Consideration (None)

D. List D Withdrawals

1. List D (1) Withdraw License Application (None)

2. List D (2) Withdraw License from Registration

Dr. Jones moved to approve the physicians and physician assistants on List D (2) to withdraw from license registration. Dr. Dumont seconded the motion, which passed unanimously.

The following physicians and physician assistants have applied to withdraw their licenses from registration.

NAME	LICENSE NO.
Altstatt, Christina	PA1084
Dicks, Peter	MD17710
Karunaratne, Esiri	MD7371
Maghari, Amin	MD18947

3. List D (3) Withdraw License from Registration - Individual Consideration (None)

E. List E Licenses to Lapse by Operation of Law March 8, 2012 (FYI)

The following physician and physician assistant licenses lapsed by operation of law effective March 8, 2012. This list was missed due to system conversion.

NAME	LICENSE NO.
Becker, Daniel	MD15904
Bishop, John	MD17800
Cochran, Thomas	MD18300
Dehmlow, Pamela	MD16012
Enzinger, Eva	MD15882
Gupta, Sanjay	MD17630
Hallee, Thomas	MD9375
Hargraves, Sharon	MD17394
Hennessy, Robert	MD13773
Jones, Rebecca	MD18312
Kerndt, Charles	MD11659
Khoory, Maged	MD16136
La Haye, Jocelyn	MD18493
Lambert, Peter	MD9234
Malone, Richard	MD15778
Markowitz, Hank	MD9951
Martone, Catharine	MD18202
Mikulinsky, Asya	MD16693
Moreano, Walter	MD7398
Nace, David	MD16170
Nichols, Guy	MD18171
Page, Robert	MD16885
Turner, William	MD18610
Tyler, Allen	MD18069

List E Licenses to Lapse by Operation of Law April 8, 2012 (FYI)

The following physician and physician assistant licenses lapsed by operation of law effective April 8, 2012.

<u>NAME</u>	<u>LICENSE NO.</u>
Ahmad, Salman	MD16830
Arnott, Timothy	MD17018
Chandrasekarn, P.R.	MD9260
Cobb, Loren	MD17308
Desai, Meghna M.D.	16558
Dewitt, Marguerite	MD11302
Dlugach, Elena	MD15623
Hewitt, Thomas	MD17925
Howard, Emery	MD5572
Irwin, Louis	MD17711
Kuehn, Adam	MD17749
Moulton, Sumner	MD4896
Moy, Si-Yuen	MD18129
Muawwad, Rafik	MD18186
Newton, Neil	MD8695
Pazirandeh, Mahmood	MD6028
Sharp, Sherrie	MD17770
Singh, Veera	MD17833
Smith, Susan	MD15518
Villarico, Remigio	MD6577
Yurfest, Joshua	MD12831

F. List F Licensees requesting to convert to active status (None)

G. List G Renewal applications for review (None)

H. List H. Physician Assistant Schedule II Authority Requests for Ratification

1. Applications to Renew Schedule II Authority

Dr. Jones moved to approve renewal of Schedule II Authority for the physician assistants listed on List H (1). Dr. Dumont seconded the motion, which passed unanimously.

The following renewal requests for Schedule II prescribing authority have been approved by Board Secretary, Maroulla Gleaton, M.D.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
John Bastin, P.A.-C	Joseph Babbitt, M.D.	Blue Hill
Melissa Becker, P.A.-C	Fabio Figueiredo, M.D.	Bangor
Amelia Brochu, P.A.-C	Charles Danielson, M.D.	Waterville

Joseph Carroll, P.A.-C	Joseph Lopes, M.D.	Waterville
James Caddell, P.A.-C	Jordan Shubert, M.D.	Bangor
Kimberlee Chute, P.A.-C	Victor Kim, M.D.	Portsmouth
Robert Cianfarano, P.A.-C	Uzma Naaz, M.D.	Waterville
John D. Clark, P.A.-C	Rifat A. Zaidi, M.D.	Damariscotta
Aaron Copeland, P.A.-C	Jeffrey Bush, M.D.	Auburn
Cheryl Degrandpre, P.A.-C	Matthew Camuso, M.D.	Portland
Joseph Francis, P.A.-C	James McCarthy, M.D.	Bangor
Patrick Furlong, P.A.-C	George Babikian, M.D.	Falmouth
Allison Gagnon, P.A.-C	Marc Christensen, M.D.	Lewiston
Patricia Gathman, P.A.-C	Barbara Covey, M.D.	Waterville
Lisa Gordon, P.A.-C	Charles Morris, M.D.	Pittsfield
Matthew Guilbeault, P.A.-C	Reed Gramse, M.D.	Portland
Kristin Hall, P.A.-C	David Burke, M.D.	Bangor
Jeff Ham, P.A.-C	Konrad Barth, M.D.	Scarborough
Nathan Haynes, P.A.-C	Raymond White, M.D.	Portland
Dara Knapp, P.A.-C	Henry H. Caffee, M.D.	Bangor
Edith Konesni, P.A.-C	John Pagonis, M.D.	Appleton
Emily Kumagae, P.A.-C	Mats Agren, M.D.	Falmouth
Sarah Lavoie, P.A.-C	Stephen Kelly, M.D.	Portland
Brian Lawhead, P.A.-C	Raymond White, M.D.	Portland
George Looser, P.A.-C	Donato Sisto, M.D.	Portsmouth
Essie McKinnon-Leach, P.A.-C	Patrick Maidman, M.D.	Biddeford
Ruth McNiff, P.A.-C	Steven Diaz, M.D.	Waterville
Gretchen Morrow, P.A.-C	C. Forrest West, M.D.	Albion
David Nevins, P.A.-C	Nilesh K. Patil, M.D.	Millinocket
John Nowak, P.A.-C	Robert Clough, M.D.	Bangor
Joseph Perocier, P.A.-C	Carlo Gammaitoni, M.D.	Lewiston
Susan Phillips-Workman, P.A.-C	Daniel Devereaux, M.D.	Bangor
Carl Pierce, P.A.-C	Cameron McKee, M.D.	Waterville
Jesse Ritch, P.A.-C	Konrad Barth, M.D.	Scarborough
Jesse Roberts, P.A.-C	Konrad Barth, M.D.	Scarborough
Gregg Schimmack, P.A.-C	M. Usman Nasir Khan, M.D.	Portland
Bernadette Shaw, P.A.-C	Thomas Murray, M.D.	Portland
Marybess Skaletsky, P.A.-C	Konrad Barth, M.D.	Scarborough
Sarah Starbird, P.A.-C	Sacha Matthews, M.D.	Portland
Christina Thomas, P.A.-C	Krista Burchill, M.D.	Caribou
Keiver Welch, P.A.-C	Garrett Martin, M.D.	Bangor
Michelle Wilson, P.A.-C	Joseph Babbitt, M.D.	Blue Hill
Ryan Zimmerman, P.A.-C	Stephen Kelly, M.D.	Portland

2. Applications for New Schedule II Authority

Dr. Jones moved to approve new Schedule II Authority for the physician assistants listed on List H (2). Dr. Dumont seconded the motion, which passed unanimously.

The following new request for Schedule II prescribing authority has been approved by Board Secretary Maroulla Gleaton, M.D.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
John Stuart, PA-C	David Burke, M.D.	Bangor

XIII. Standing Committee Reports

A. CME, Clinical Evaluation, Special Projects Committee ...Dr. Jones or Dumont

1. CME – Chronic Pain Home Study (FYI)

B. Public Information Committee

Ms. Clukey reported the next newsletter will be coming out in May.

C. Physician Assistant Advisory Committee

1. Chapter 2 recommended changes (Tabled)

XIV. Board Correspondence (FYI)

XV. FYI

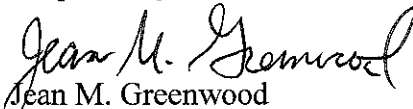
XVI. FSMB Material

VII. Other Business

XVIII. Adjournment 6:37 p.m.

Dr. Jones moved to adjourn. Ms. Clukey seconded the motion, which passed unanimously.

Respectfully submitted,


Jean M. Greenwood
Board Coordinator

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

IN RE:)	CONSENT AGREEMENT
JOHN S. TKACH, M.D.)	FOR DISCIPLINE AND
Complaint No. CR08-256)	RESTRICTED/CONDITIONAL
)	LICENSURE

This document is a Consent Agreement For Discipline and Restricted/Conditional Licensure, effective when signed by all parties, regarding discipline imposed upon and the issuance of an active conditional license to practice medicine in the State of Maine to John S. Tkach, M.D. The parties to this Consent Agreement are: John S. Tkach, M.D. ("Dr. Tkach"), the State of Maine Board of Licensure in Medicine (the "Board") and the Maine Office of the Attorney General.

STATEMENT OF FACTS

1. The Board first issued Dr. Tkach a medical license on November 15, 1994. Dr. Tkach specializes in Internal Medicine.
2. On July 8, 2008, the Board reviewed information received from St. Croix Regional Family Health Center (St. Croix) indicating that it had concerns regarding Dr. Tkach's prescribing of controlled substances. Following its review of this information, the Board voted to initiate a complaint against Dr. Tkach's Maine medical license for alleged unprofessional conduct and incompetence regarding his prescribing of controlled substances. The Board docketed the complaint as CR 08-256, and sent it to Dr. Tkach for a response.
3. On October 8, 2008, the Board received a written response to

complaint CR08-256. In his response, Dr. Tkach stated that he exercised appropriate care when prescribing controlled substances to the patients at St. Croix, including reviewing the prescription monitoring program (PMP), conducting pill counts and ordering urine drug screens. Dr. Tkach then explained the basis for his prescribing of controlled drugs to the patients identified in the complaint information.

4. On December 9, 2008, the Board reviewed complaint CR08-256, and voted to further investigate it by ordering an outside expert review of Dr. Tkach's prescribing of controlled substances to 74 patients identified in the complaint.

5. On November 9, 2009, the Board discussed the outside expert review of Dr. Tkach's prescribing of controlled substances to 74 patients identified in the materials of Complaint No. CR08-256. The opinions of the outside expert included:

a. There was a clear violation of the standard of care in the documentation of the 74 patients due to: "a very substandard evaluation process for the general assessment of a medical patient"(which should include a history, review of systems, review of studies and laboratory findings, physical examinations, assessment of the date, and proposed diagnoses); and "the violation of basic evaluations principles for pain" (which should include a risk of abuse, nature and intensity of the pain, current and past treatment successes/failures, and the effect of pain on current functioning).

b. Dr. Tkach violated the standard of care of prescribing controlled drugs to the patients for the treatment of nonmalignant pain by: failing to document that other treatment modalities/adjuvant therapies had been considered; failing to document the medical explanation for the treatment choices; and failing to document the

progress of medication along the usual continuum prior to prescribing controlled substances. In addition, none of the patient records contained any objectives of the treatment or the patients' responses to any of the medications.

c. Dr. Tkach violated the standard of care for prescribing controlled drugs by not having written pain contracts with the patients.

d. Dr. Tkach violated the standard of care with regard to medical record keeping by: failing to record subjective and objective data to support any of his decision making; and failing to consistently document the discontinuation and/or initiation of medications.

Following its review of the foregoing information, the Board voted to direct that Dr. Tkach undergo a Special Purpose Examination (SPEX), which is designed to evaluate a physician's current general medical knowledge. The minimum passing score for SPEX is 75.

6. On June 8, 2010, the Board reviewed Complaint No. CR08-256, including the test results of Dr. Tkach's SPEX. The minimum passing score for SPEX is 75. Dr. Tkach received a SPEX score of 76. Following its review of this information, the Board voted to invite Dr. Tkach to attend an informal conference to discuss Complaint No. CR08-256, including the following specific issues in addition to the SPEX score:

- a. Medical Record Documentation, including but not limited to:
 - lack of subjective or objective data to support decision making
 - lack of consistent documentation about starting/stopping medications
 - lack of review of studies, laboratory findings, physical examination, assessment of all medical problems
- b. Prescribing Practices, including but not limited to:
 - rationale for prescribing

- lack of written pain contracts
- lack of monitoring
- c. Clinical Competency, including but not limited to:
 - diagnosis
 - treatment planning/modalities

7. On September 14, 2010, the Board held an informal conference with Dr. Tkach regarding Complaint No. CR08-256. Following the informal conference, the Board requested that Dr. Tkach provide it with an educational plan for the improvement of his medical practice, and subpoenaed an additional ten (10) patients records to review Dr. Tkach's prescribing practices and medical record keeping.

8. On November 23, 2010, the Board received Dr. Tkach's educational plan, which included continuing medical education for primary care physicians and taking the Internal Medicine Board certification examination in August 2011.¹

9. On December 14, 2010, the Board reviewed Dr. Tkach's educational plan and the additional ten (10) patient records involving Dr. Tkach's prescribing of controlled substances. Following its review of this information, the Board voted to send Dr. Tkach a letter requesting that he voluntarily cease prescribing controlled substances, and that he voluntarily take a course on narcotic prescribing by July 1, 2011. In addition, the Board voted to revisit Complaint No. CR08-256 in six (6) months. Dr. Tkach

¹ As of March 23, 2012, Dr. Tkach has not been certified by the American Board of Internal Medicine.

subsequently voluntarily ceased prescribing controlled drugs and agreed to take a course regarding the prescribing of controlled medications.

10. On July 12, 2011, the Board met with Dr. Tkach in an informal conference to discuss Complaint No. CR08-256, the course he took regarding prescribing controlled medications, and the additional (10) patient records. Following that informal conference, the Board noted that there had been improvement in Dr. Tkach's medical record keeping. However, the Board was still concerned about Dr. Tkach's prescribing of controlled medications. The Board advised Dr. Tkach about its concerns, agreed that he could resume prescribing controlled substances, and that it would review an additional ten (10) medical records in six (6) months time.

11. On January 10, 2012, the Board met with Dr. Tkach in an informal conference to discuss Complaint No. CR08-256, and the additional (10) patient records involving Dr. Tkach's prescribing of controlled medications. During the informal conference, the Board reviewed deficiencies with the ten patient records, including: lack of random urine screens, lack of pill counts, early refills for medications, failure to document violations of pain contracts and the rationale for resuming or continuing to prescribe controlled medications, treating fibromyalgia with escalating dosages of narcotics, and failure to consider alternative treatment modalities. The Board noted that Dr. Tkach's medical records were more complete, that he had tried to work with the Board, but that issues still remained regarding his prescribing of controlled

substances for chronic pain. The Board noted that of the 10 charts reviewed, 60% showed pain contract violations. Therefore, following his informal conference, the Board voted to offer Dr. Tkach this Consent Agreement to resolve Complaint No. CR08-256 without further proceedings.

12. This Consent Agreement has been negotiated by and between legal counsel for Dr. Tkach and the Maine Office of the Attorney General in order to resolve complaint CR08-256 without an adjudicatory hearing. Absent Dr. Tkach's acceptance of this Consent Agreement by signing it, dating it, having it notarized, and returning it to the Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137 on or before April 26, 2012, the Board will resolve this matter by holding a consolidated adjudicatory hearing at a later date.

13. By signing this Consent Agreement, Dr. Tkach waives any and all objections to, and hereby consents to allow the Board's legal counsel to present this proposed Consent Agreement to the Board for possible ratification. Dr. Tkach also forever waives any arguments of bias or otherwise against any of the Board members in the event that the Board fails to ratify this proposed Consent Agreement.

COVENANTS

In lieu of proceeding to an adjudicatory hearing the Board and Dr. Tkach agree to the following disposition.

14. Dr. Tkach concedes that based upon the facts described in

paragraphs 1 to 14 above that the Board has sufficient evidence from which it could conclude that he violated the standard of care of prescribing controlled drugs to the patients for the treatment of nonmalignant chronic pain. Dr. Tkach concedes that such conduct, if proven, could constitute grounds for discipline of and the denial of his application to renew his Maine medical license pursuant to 32 M.R.S.A. § 3282-A(2)(F).

15. As discipline for the conduct admitted above, Dr. Tkach agrees to:

a. Accept a REPRIMAND. As a medical professional, Dr. Tkach was responsible for being aware of and complying with accepted standards of care for the diagnosis and treatment of chronic pain with narcotics and benzodiazepines.

b. Reimburse the Board Two Thousand Seven Hundred Five Dollars and Zero Cents (\$2,705.00) as the actual costs of the investigation of this matter. Dr. Tkach shall ensure that he makes full payment of reimbursement to the Board within twenty-four (24) months following the execution of this Consent Agreement. Payment shall be made by certified check or money order made payable to "Maine Board of Licensure in Medicine," and be remitted to Maria MacDonald, Investigator, Maine Board of Licensure in Medicine, 137 State House Station, Augusta, Maine 04333-0137.

c. Accept the following license restriction, which shall remain in effect unless or until this Consent Agreement is rescinded or amended by all of the parties hereto: Dr. Tkach shall immediately cease prescribing any

controlled medications, including all opiates and benzodiazepines, for the treatment of chronic pain except for:

- (i) Patients in skilled nursing facilities or long-term care facilities;
- (ii) Patients in hospice care; or
- (iii) Patients with metastatic cancer.

In complying with this restriction, Dr. Tkach shall ensure that any and all prescriptions that he issues for the three excepted categories of patients identified above are annotated with the words "skilled nursing facility/long-term care" or "hospice care" or "metastatic cancer" as applicable to each patient.

16. Dr. Tkach may prescribe controlled substances for no more than ten (10) consecutive days to treat acute conditions. In addition, to the extent that Dr. Tkach prescribes any controlled drugs to patients for acute pain, Dr. Tkach agrees that he shall comply with Board Rule, Chapter 21, "Use of Controlled Substances For Treatment of Pain."

17. In order to ensure his compliance with the restriction on his ability to prescribe controlled drugs for the treatment of chronic pain, Dr. Tkach agrees to fully cooperate with the Board and to permit the Board or its agent(s) to inspect his medical practice, including allowing the Board or its agents full access to and copying of the patient medical records of his medical practice without subpoena.

18. Dr. Tkach waives his right to a hearing before the Board or any court regarding all findings, terms, restrictions and conditions of this Consent Agreement. Dr. Tkach agrees that this Consent Agreement is a final order resolving complaints CR08-256. This Consent Agreement is not appealable and is effective until or unless modified or rescinded in writing by the parties hereto. This Consent Agreement cannot be amended orally. It can only be amended by a writing signed by the parties hereto and approved by the Office of Attorney General.

19. The Board and the Maine Office of the Attorney General may communicate and cooperate regarding Dr. Tkach or any other matter relating to this Consent Agreement.

20. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408. This Consent Agreement constitutes disciplinary and adverse licensing action that is reportable to the Federation of State Medical Boards (FSMB), the National Practitioner Data Bank (NPDB), and the Healthcare Integrity and Protection Data Bank (HIPDB).

21. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

22. The Board and Dr. Tkach agree that no further agency or legal action will be initiated against him by the Board based upon complaint CR08-256, except or unless he fails to comply with the terms and conditions of this

Consent Agreement.

23. Dr. Tkach acknowledges that, pursuant to Title 10 M.R.S. § 8003(5)(B), his failure to comply with any of the terms or conditions of this Consent Agreement shall constitute grounds for additional disciplinary action against his Maine medical license, including but not limited to an order, after hearing, imposing additional fines and costs.

24. Dr. Tkach acknowledges and agrees that, pursuant to Title 10 M.R.S. § 8003(5), the Board has the authority to suspend or revoke his medical license in the event that he fails to comply with any terms or conditions of this Consent Agreement.

25. Dr. Tkach has been represented by David C. King, Esq., who has participated in the negotiation of this Consent Agreement.

26. Dr. Tkach acknowledges by his signature hereto that he has read this Consent Agreement, that he has had an opportunity to consult with an attorney before executing this Consent Agreement, that he executed this Consent Agreement of his own free will and that he agrees to abide by all terms and conditions set forth herein.

I, JOHN S. TKACH, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT AND AGREE WITH ITS CONTENTS AND TERMS. I FURTHER UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO A HEARING BEFORE THE BOARD. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

Dated: April 6, 2012 John S. Tkach
JOHN S. TKACH, M.D.
STATE OF Maine
_____, S.S.

Personally appeared before me the above-named, John S. Tkach, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

Dated: 4/6/12 Mary Barnett
NOTARY PUBLIC/ATTORNEY
MY COMMISSION ENDS: 3/19/17

Dated: 4-10-12 David C. King
DAVID C. KING, ESQ.
Attorney for John S. Tkach, M.D.

STATE OF MAINE BOARD OF
LICENSURE IN MEDICINE

Dated: 4/15/12 Gary R. Hatfield
GARY R. HATFIELD, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF ATTORNEY GENERAL

Dated: 4/25/12



DENNIS E. SMITH
Assistant Attorney General

Effective Date: 4/23/12